((Requestor's Name)		
)	(Address)		
((Address)		
((City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL MAIL	
	(Business Entity Name)		
(Document Number)			
Certified Copies	_ Certificates of	Status	
Special Instructions to	Filing Officer:		

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S. ROBERTS JAN 1 2 2022

COVER LETTER

TO. Desirable continu		÷	
TO: Registration Section Division of Corporations			
en e			
SUBJECT: Commercestools, Inc.		·-··	
Ŋaı	me of corporation	n - must include suffix	
Dear Sir or Madam.			
The enclosed "Application by Foreign "Certificate of Existence," or "Certification to referenced foreign corporation to	ate of Good Sta	nding" and check are su	act Business in Florida," bmitted to register the
Please return all correspondence conc	erning this matte	r, to the following:	
Daniel Steigert	, , ,		
	Name of	Person	<u> </u>
IBCF, Inc.		:	
	Firm/Con	npany	· · · · · · · · · · · · · · · · · · ·
101 Main Street, Suite One:	! .		
 	Addr	C33	
Tappan, NY 10983			
	City/State a	nd Zip code	
dsteigert@ibcf.com			
E-mail addr	ess: (to be used	for future annual report	notification)
For further information concerning this	matter, please o	call:	
Daniel Steigert	at. 845	√3980900	
Name of Person	Area Cod	Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following at Please make check payable to: FLORIDA \$70.00 Filing Fee \$78.75 Fil	DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavai	ilable in Florida, enter alternate corporate name ado	opted for the purpose of transacting business in P	lorida)	
Delaware 3.				
(State or count	try under the law of which it is incorporated)	(FEI number, if applicable)		
April 27, 2015	5			
(Date of incorporation)		(Date of duration, if other than perpetual)		
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,			
24 Blackwell S	treet, Suite 120	· · · · · · · · · · · · · · · · · · ·		
	(Principal office	street address)	 -	
		:		
	(Current mailing at	ndness, if different)	100 N	
		F	ZOZZ JAN	
Vame and stre	et address of Florida registered agent: (P.O. B	fox NOT acceptable)	112	
Name:	Legaline Corporate Services, Inc.	<u> </u>	, •	
ice Address:	5237 Summerlin Commons Blvd, Suite 400	Ţ.	<u> </u>	
rės Lininess.	Fort Myers	ـــــــــــــــــــــــــــــــــــــ	ි යා යා	
	1.01+11f-cts	, Florida	L. 0	
	(City)	(Zip code)		

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS		_	:
DChilman	Name:	☐ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director	Durham, NC 27701	■ Director	Durham, NC 27701
President		□President	
□Vice President		□Vice President	· · · · · · · · · · · · · · · · · · ·
☐ Secretary	☐ Treasurer.	☐Sécretary	☐ Treasurer
□Óth a	Other	□Other	Other
	Robert Zores	;	-Biergen R. Ostertag
Chairman	Name: Robert Zores 324 Blackwell Street Suite 120	□Chairman ;	Name: Juergen R. Ostertag
□ Vice Chairman	Address: 324 Blackwell Street, Suite 120	□Vice Chairman	Address: 324 Blackwell Street, Suite 120
Director	Durham, NC 27701	☐ Director	Durham, NC 27701
□President		☐President	
□Vice President		□Vice President	
☐ Secretary	Treasurer	Secretary	☐Troasurer
□Other	Other	Other	Other
		÷	
□Chairman	Name:	☐ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
☐ Director		Director	
☐ President		President	· · · · · · · · · · · · · · · · · · ·
□Vice President		□Vice President	
Secretary	☐ Treasurer	☐ Seçretary	☐ Treasurer
⊡Öther	Other	□Other	□ Other
	se an attachment to report hore than six (6). The art added to the lightex show thing your Florida Department	:	
12.	Signature of Director.	or Officer	
The officer or direct she is aware that fall s:817.155, F-S.	for signing this document (and who is listed in numb se information submitted in a document to the Depar	er 11 above) affirms that tment of State constitute	the facts stated herein are true and that he or a third degree felony as provided for in
13	President	i	
	(Typed or printed name and capacity of pers	on signing application)	

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "COMMERCETOOLS, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COMMERCETOOLS, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF APRIL, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 204858947

Date: 12-03-21